

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO. 14-18825		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3		Lebanon Police		0830300		ODHS USE ONLY - DO NOT MARK ABOVE			
REPORT TAKEN <input type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE		NO OF VEH PEDESTRIANS INVOLVED 2		CRASH SEVERITY (CHECK MOST SEVERE) <input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY				COMBINED VEH/PROP LOSS <input checked="" type="checkbox"/> OVER \$150 <input type="checkbox"/> UNDER \$150		HIT SKIP <input type="checkbox"/> SOLVED <input type="checkbox"/> UNSOLVED	
IN COUNTY OF WARREN				IN <input checked="" type="checkbox"/> CITY LEBANON				DATE OF CRASH: 11 09 14		TIME: MILITARY 1313	
CRASH OCCURRED ON 1530 Walmart Dr., Lebanon, Oh 45036								WITHIN THE INTERSECTION OF			
IF NOT IN INTERSECTION				(LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.)				CITY CODE 8321			
LOG-1		LOG-2		LOC JUR FH9 FILT							
A UNIT NO.		NO OF OCCUPANTS		OPERATING <input checked="" type="checkbox"/> PARKED <input type="checkbox"/>		DRIVERLESS <input type="checkbox"/> HIT & RUN NON CONTACT <input type="checkbox"/>		INSURANCE CO OR AGENT		Motorist Mutual	
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI)				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)							
Locke, Teresa				949 Carson Dr., Lebanon, OH 45036							
PHONE NO.		BIRTH DATE		AGE		SEX		SOCIAL SECURITY NO.		STATE	
(513) 933-0937		2 14 42		72		F				OH	
OWNER (IF SAME AS DRIVER, WRITE SAME)				ADDRESS				PHONE			
Same											
VEH YR		MAKE		MODEL		COLOR		STYLE		STATE	
10		Ford		F-150		Maroon		TK		OH	
LICENSE PLATE NO.		TOWING SERVICE		VEH/PED DIR							
DFY8899				FROM W TO S							
CIRCLE DAMAGE AREAS		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE	
8 UNIT NO.		NO OF OCCUPANTS		OPERATING <input type="checkbox"/> PARKED <input checked="" type="checkbox"/>		DRIVERLESS HIT & RUN NON-CONTACT <input type="checkbox"/>		INSURANCE CO. OR AGENT		State Farm	
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI)				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)							
Luman, Jody				5253 Crested Owl Ct., Morrow, OH 45152							
PHONE NO.		BIRTHDATE		AGE		SEX		SOCIAL SECURITY NO.		STATE	
		m d y								OH	
OWNER (IF SAME AS DRIVER, WRITE SAME)				ADDRESS				PHONE			
Luman, Jody				5253 Crested Owl Ct., Morrow, OH 45152				(513) 582-0607			
VEH YR		MAKE		MODEL		COLOR		STYLE		STATE	
13		Subaru				Silver		4S		OH	
LICENSE PLATE NO.		TOWING SERVICE		VEH/PED DIR							
FYY3637				FROM TO							
CIRCLE DAMAGE AREAS		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE	
C FROM UNIT NO.		NAME (LAST, FIRST, MI)		BIRTHDATE		AGE		POSITION		INJURIES	
				m d y				A B C D E F		A B C D E F	
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E FROM UNIT NO.		NAME (LAST, FIRST, MI)		BIRTHDATE		AGE		SEX		SEX	
				m d y							
F FROM UNIT NO.		NAME (LAST, FIRST, MI)		BIRTHDATE		AGE		SEX		SEX	
				m d y							
A B C		INJURED TAKEN TO		By		A B C D E F		A B C D E F		A B C D E F	
D E F		INJURED TAKEN TO		By		A B C D E F		A B C D E F		A B C D E F	
A B C		OFFENSE CHARGED AND DESCRIPTION		By		A B C D E F		A B C D E F		A B C D E F	
D E F		OFFENSE CHARGED AND DESCRIPTION		By		A B C D E F		A B C D E F		A B C D E F	
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